Discl	osure	Rep	ort	Cover

-	Am	endm	ent				
-		Yes		D	₫	No	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

1. Committee Information								
a. Full Name		c. ID Number						
Committee To Elect Franco	, McGee	6JM 131						
b. Mailing Address (include City, State and Zip Code)  d. Date Filed								
1306 Few Street 10.1.17								
Monroe, NC 28110  e. Phone Number								
110.1100		704-980-916						
2. Report Year 3. Period Start Date (mm/dd/yy) 4	. Period End Date (mm/dd/yy)	5. Treasurer Full Name						
2018 1-1-18	6-30-18	Shonlavia Chenose McGee						
6. Type of Committee (Check One) 9. Ty		type of report from one category)						
Candidate Campaign Party Munic		Referendum						
	Organizational Organization							
	hirty-five day Quarterly re-primary First	Pre-referendum Final						
	re-election Secon	No. 100 No. 10						
	re-runoff Third							
	emi-annual Fourt							
☐ Building Fund	Mid Year Semi-annu	— ·						
	Year End Mid Y	Year 10. Special Report Name						
Other:	inal Year							
8. Number of Fundraisers this Report S <sub>I</sub>	pecial Final							
Special								
11. Account Information	11. Account Inform	ation						
a. Financial Institution Full Name	a. Financial Institution I	Full Name						
Wells Fargo Bank								
b. Purpose c. Account Code	b. Purpose	c. Account Code						
Compaign Account								
For Receipts and d. Period Begin Balar	nce	d. Period Begin Balance						
Expenditures \$ 88.21		\$						
CERTIFICATION								
I certify that the Committee or Fund is in compliance w	ith all applicable provisions of Art	icle 22A, 22B & 22D-22M of Chapter 163						
of the NC General Statutes and that no funds are commi								
report is complete, true and correct and that I have been	trained by the NC State Board of	Elections.						
Shontavia C McGee	Somethy.	1/22/10 (m)						
Printed Name of Signer	Signature of Associated Transc	1/263/18						
FOR OFFICE USE ONLY	Signature of Appointed Treas	urer Date						
	NOG	Delivery Method						
Date Received: 07/25/18	Employee:	Delivery Method Normal Mail						
Date Postmarked: 07/23/18	Employee:	Registered Mail Hand Delivered						
Date Scanned:	Employee:	Electronically Filed						
Date Data Entered:	Employee:	Signer has not received mandatory training						
Please Note: This form cannot be used to ame	end committee information such	as the committee address, treasurer,						
	n of books information, or acco							
You must amend the Statement of Or								
	C State Board of Elections	Autoust 2008						

JUL 2 5 2018

	A	n	10	21	H	h	n	21	ıt									
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Disclosure Report Cover Addendum

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name (and I			2. ID Number			
Committee To Elec	ct Franco McC		6JM131			
3. Account Information		3. Account Information				
a. Financial Institution Full Name		a. Financial Institution Full Name				
Wells Fargo Been b. Purpose	<u>k</u>					
b. Purpose	c. Account Code	b. Purpose	c. Account Code			
Checking Account fir Campaign Fancls	1					
tir Campa'an	d. Period Begin Balance		d, Period Begin Balance			
Fancls	\$ 88.21		\$			
3. Account Information		3. Account Information				
a. Financiai Institution Full Name		a. Financial Institution Full Name				
b. Purpose	c. Account Code	b. Purpose	c. Account Code			
o. I di pose	C. Account Code	b. I ui pose	C. Account Code			
	d. Period Begin Balance		d. Period Begin Balance			
	\$		\$			
3. Account Information		3. Account Information				
a. Financial Institution Full Name		a. Financial Institution Full Name				
a I I I I I I I I I I I I I I I I I I I		W I III III III III III III III III III				
b. Purpose	c. Account Code	b. Purpose	c. Account Code			
			and the control of th			
	d. Period Begin Balance		d. Period Begin Balance			
	\$		\$			
3. Account Information		3. Account Information				
a. Financial Institution Full Name		a. Financial Institution Full Name				
b. Purpose	c. Account Code	b. Purpose	c. Account Code			
we a set produ	C. Incount Cour	N. A. S. PUBL	VI IZVOUITE COUC			
	d. Period Begin Balance	]	d. Period Begin Balance			
	\$		\$			
CERTIFICATION						
	Fund is in compliance with a	all applicable provisions of Article	• 22 ∆ 22B & 22D_22M of			
*	<u>-</u>	re commingled with prohibited or				
		and that I have been trained by the				
Sila I A		Mal XI	The state of Lacottons			
Montavia C. Melsee OMMIC 1/23						
Printed Name of Signer Signature of Appointed Treasurer Date						
Please Note: This cover she		ommittee information such as the	committee name or account			
Van must amand		nation.	nittee changes			
i ou must amend	me statement of Organizatio	n (CRO-2100A-E) to make comm	inuee changes.			

CRO-1010

RECEIVED

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes X. No

1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Committee To Elect Franco McGree	2011 P	e-Election Recort	6JM131
Start of Election Cycle: January 1,	•	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 86.21	\$ 88.21
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ ⊕	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ .	\$ 0
7) Contributions from Political Party Committees	(CRO-1220)	\$ <del>•</del>	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ €	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ -0	\$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	\$ <del>C</del>
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ <i>-</i> O	\$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ -6	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	s -O
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ -0	\$ 0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 4
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ -0	\$ €
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 63.00	\$ 63.0
13b) Contributions to Candidates/Political Committees	(CRO-1310)	* e	\$ <del>0</del>
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 6
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ <del>0</del>	\$ <del>C</del>
15) Loan Repayments	(CRO-1420)	\$ &	\$ <b>&amp;</b>
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0	\$ -6
17) In-Kind Contributions	(CRO-1510)	1 .	\$ -0-
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1		¥	\$ 63.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18	\$ 25.21	\$ 25.21
ADDITIONAL INFORMATION	(0)	Ι	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	<u> </u>	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		
22) Debts and Obligations owed by the Committee	(CRO-1610)		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ -0-	
25) Administrative Support	(CRO-1710)		\$ 🕀
26) Forgiven Loans	(CRO-1440)	¥	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ -6
28) Contributions to be Remarked \/ - )	(CRO-1215)	\$ -(-)	

CRO-1100

NC State Board of Elections

August 2008

Disburseme					Pg		
	report expenditures for coordinated party exp		ee for o	perating exp	enses, contr	ibutions	s to candidate/political
	ull Name (and Fund						2. ID Number
**	ee To Elect	, action in the second	McC	re.			6JM131
3. Type of Disbu	The Control of the Co	use separate CR		THE RESERVE OF THE PROPERTY OF	alamana arang arang di kacamatan da parang di kacamatan di kacamatan di kacamatan di kacamatan di kacamatan di		
Operating Expe		ributions to Candidat	tes/Politic		Remove	Coordin	ated Party Expenditures
	ailing Address & Pho	ine		b. Coordinate		Name	d. Comments
	p. Detail &	lmages		c. Level Regis		y) unty:	
				State	<b>□</b> KMu	nicipality	e, Election Sum to Date \$ 3.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	l mm/dd/yyyy)	j. Amount	k.	Required Remarks
/	Draft	0	01/0	9/18	\$ 3, 10		Fees
		***************************************			\$		· · · · · · · · · · · · · · · · · · ·
4. Payee Inform	ation				Remove		
(include city, state	Lawrence and the second			b. Coordinate	ed Committee	Name	d, Comments
monthly	Service Fee		!	c. Level Regis	etared (Specifi	M The state of	<u> </u>
1 wells to	Service Fee irgo Bank)		I	Federal		unty:	<u></u>
				State	Mu	micipality	e. Election Sum to Date
							\$ 10. <sup>io</sup>
f. Account Code		h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount		Required Remarks
/ <u>         /                          </u>	Draft	0	01/3	31/18	\$ 10.0	ø 7	Bank Service Fee
					\$		
4. Payee Inform	aation			Add 🔲	Remove	•	
a. Full Name, Maili	ing Address & Phone	RESTRUCTION OF THE PROPERTY OF	Control of the Contro	b. Coordinate	ed Committee	Name	d. Comments
(include city, stat				<u> </u>			
Monthly ?	Service Fee Targo Bank			c. Level Regis	stered (Specif	у)	
(Wells Fi	argo Bank	と)		Federal		unty:	
	$\mathcal{O}$			State	<b>i</b> ≯¶ iviu	ınicipality	140 AG
							1 + 10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount		Required Remarks
/	Draf +	$\cup$	02/	<i>'28 18</i>	\$ 10.0	· ·	Bank Service Fee
			<u> </u>		\$		
5. Total only th	is Page						\$ <i>23.</i> <sup>∞</sup>
	. CRO-1310 Pages						
	ı line 13a of Detailed Sum ı line 13b of Detailed Sum					Comm)	\$
	i tine 130 of Detailed Sum line 13c of Detailed Sum						
	odes (List detailed				ing a page of		
A* - Media	B* - Printin	ng	C* - F	undraising			other Candidate
E - Salaries I - Postage	F* - Equipr J - Penaltie			litical Party <b>)ffice Expen</b>			ling Public Office Expenses ation to Legal Expense Fund

I - Postage O\* Other \* Codes required chailed explanation in required remarks field (k)

CRO-1310

NC State Board of Elections

December 2009

Di	ch	11	rs	em	en	tc
1/1	UG	ш	ם ב			

			Amendment	
Pg	<u> 2</u>	of3_	Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund					2. ID Number	
Committe	e To Elect	Franco i	Mc C	Re		WM131	
3. Type of Disb	ursement <u>(<i>Please</i></u>	use separate CR	<i>0-1310</i>	<u>forms for e</u>	ach type of Disb	<u>ursement.)</u>	
Operating Expe		ributions to Candida	tes/Politic			rdinated Party Expenditures	
4. Payee Inform		are por Mariana		Add 🔲	Remove		
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments	
(include city, state,							
monthly	Service Fee <sup>T</sup> argo Bank			c. Level Regis	stered (Specify)	V-43-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	
/100/10 Ju	Faran D.	· )		Federal	County:	*********	
(WE 115 1	argo Bank			☐ State	Municipa 🄀		
						\$ 10. <sup>iv</sup>	
f. Account Code	g. Form of Payment	h. Purpose Code				k. Required Remarks	
/	Draft	0	03/3	30/18	\$ 10.00	Bank Service 7	Fee
	,			•	\$		
4. Payce Inforn	nation			Add 🔲	Remove		
Separation of the Computation of	ng Address & Phone			State of the Control	ed Committee Name	d. Comments	
(include city, stat	e, & zip)						
Monthly	Service Fr						
11/1/1/19	T D	1, 1			stered (Specify)		
(Well's	Service Fe Fargo Bar	VZ_)		Federal State	County:  Municipa	lity: e. Election Sum to Date	Adam Pan
				L State	X Municipa		PERSONALE.
						\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Draft	0	04/3	30/18	\$ 10.00	Bank Service 7	Fee
	Diaji		- ,,		\$		
4. Payee Inforn	ation			Add 🔲	Remove		
a. Full Name, Mail	ng Address & Phone			b. Coordinate	ed Committee Name	d. Comments	
(include city, sta	e, & zip)						
Monthly	Source For	9		The state of the seasons as		NAME OF THE PARTY	
11 11 1	Service Fee rgo Bank	Ś		Federal	stered (Specify)  County:		
Wells ta	rgo Bank	)		State		lity: e. Election Sum to Date	
	V			<u> </u>	<del></del>	\$ 10.00	
				<u> </u>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Required Remarks	
/	Draft	O	05/3	1/18	\$ 10.00	Bank Service	tee
			'	,	\$		
5. Total only th	is Page					\$ 30.00	
	CRO-1310 Pages						
CONTRACTOR OF THE PROPERTY OF	line 13a of Detailed Sum	mary Page CRO 11	OO if Opa	rating Evnanc	oe)		
	line 13b of Detailed Sum					, \$	
_	line 13c of Detailed Sum					<u> </u>	
	odes (List detailed		(40.000)			(Rear SVESTALLERS SVESTALLER	
A* - Media	B* - Printii		THE STATE SHAPE COMMON TO SEE	undraising	<b>D</b> - To <i>i</i>	Another Candidate	46410) 20630 (2060)
E - Salaries	F* - Equip	···	G - Pol	itical Party	Н* - Но	olding Public Office Expe	
I - Postage	J - Penaltic	es	K* - 0	ffice Expen	ses Q* - Do	onation to Legal Expense	Fund
O* Other	DECEN/E	<b>-</b> D		6: 1.1			
* Codes requir	rigailed explainati			field (k)		D	har 2000

Disbursements	
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	2		<b>^</b>	Amendment	
Pg	$\underline{\mathcal{D}}$	of	<u></u>	☐ Yes	No No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund					2.	ID Number
Committee To Elect Franco McGee							WM131
3. Type of Disb		use separate CR	demonstrate and section of the second	SANCTORE TO THE PROPERTY OF THE PARTY OF THE	<u> </u>		
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
4. Payee Inforn			ш	Add 🔲	Remove	- I.	
a. Full Name, M (include city, state,	ailing Address & Pho	ne		b, Coordinate	d Committee Name		Comments
			nasja renesarjus				
Monthly	Service te	c. Level Regis	tered (Specify)				
Monthly Service Fee (Wells Fargo Bank)				Federal County:			
CIVERS Targo Darie				State	Municipa	lity: e.	Election Sum to Date
							10.W
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (	mm/dd/yyyy)	j. Amount	k. Requ	ired Remarks
/	Dreft	0	06/2	9/18	\$ 10.00	$\mathcal{B}$	ank Service Fee
					\$		
4. Payee Inforn				Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	d Committee Name	d,	Comments
(include city, sta	te, & zip)						
c. Level Registered (Sp							
				Federal County:			
				State	Municipa	lity: e.	Election Sum to Date
						1	5
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j. Amount	k, Requ	iired Remarks
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,					\$		
4. Payee Inform	nation			Add 🔲	Remove		
Strate and the strategy of the	ing Address & Phone			2 X 15 3 15 2 15 2 15 2 15 2 15 2 15 2 15 2	ed Committee Name	d.	Comments
(include city, sta	te, & zip)					ar eor eminores anno 1	14 PORT   18 POR
						10.550.00	
				Federal	stered (Specify)  County:		
				State	= '	lity: e.	Election Sum to Date
						-	1
	Francisco de la Contraction de	Entropy of the characteristic control control			r		
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (	mm/dd/yyyy)	j. Amount	k. Regi	iired Remarks
			<u> </u>	·····	\$		Militaria
					\$		
5. Total only th	is Page					\$	5 10.W
6. Total of ALI	CRO-1310 Pages						
	line 13a of Detailed Sum					9	6300
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Exp							Public Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund							
O* Other	aeaeivii	<u>- L</u> )		- C - 1 1 / 1 \			
* Codes requir	Federatie drexblankiti	on in required :		field (k)			D1 2000

JUL 2 5 2018 CRO-1310